

Personal Information

Name _____

Title _____

Organization _____

Work Address _____
(include shipping
address for FedEx) _____Work Telephone _____ Work Fax _____
E-mail _____**Organization Information**Will your organization be a grantee or sub-grantee of the Corporation for National and Community Service at the time of the training? ☐ yes ☐ no**Program Type** *(Please check all that apply)*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> AmeriCorps*State | <input type="checkbox"/> Tribal Programs | <input type="checkbox"/> Retired & Senior Vol. Program | <input type="checkbox"/> State Commission |
| <input type="checkbox"/> AmeriCorps*Nat'l | <input type="checkbox"/> Learn & Serve K-12 | <input type="checkbox"/> Senior Companions Program | <input type="checkbox"/> CNCS HQ Staff |
| <input type="checkbox"/> AmeriCorps*NCCC | <input type="checkbox"/> Learn & Serve CBO | <input type="checkbox"/> Foster Grandparents Program | <input type="checkbox"/> CNCS State Office |
| <input type="checkbox"/> AmeriCorps*VISTA Staff | <input type="checkbox"/> Learn & Serve H. Ed. | <input type="checkbox"/> CNCS Service Center | |

Program Description _____Corporation Program Officer _____ Program Officer's Phone _____
(name/title)

Tenure in Current Position _____ (6 months needed to attend NSL or FSL)

Number of members, volunteers, or students funded through the Corporation _____

Has anyone from your organization attended a National Service Leadership Institute program? ☐ yes ☐ no**GUIDING QUESTIONS**

If you answer yes to these questions, the Fundamentals of Service Leadership program may be the best choice for you.

- | | | |
|-----|----|--|
| Yes | No | Leading in the national service or non-profit arena is fairly new to me. |
| Yes | No | Exploring my own strengths and challenges as a leader is fairly new to me. |
| Yes | No | I can commit to a 4-day training. |

If you answer yes to these questions, the National Service Leadership program may be the best choice for you.

- | | | |
|-----|----|---|
| Yes | No | I have significant leadership experience in national service or in non-profit organizations. |
| Yes | No | I have attended other leadership workshops and have reflected on my strengths and challenges as a leader. |
| Yes | No | I can commit to a 5 ½-day program, a 3-day follow up 6months later, and 6 small group conference calls. |

For more information on each program please refer to the NSLI brochure or web page.

By signing and submitting this request for training, you are indicating:

- a commitment to participate in the 4-day FSL program or the 5½-day NSL program, including, for NSL, participating in six conference calls and attending the 3-day follow-up training 6 months later.
- a willingness to give back to national service and your community, using the knowledge and skills learned at the training. This could include sharing information gained at the training, acting as a leadership coach for your organization, assisting NSLI in future special projects, arranging and planning training in your local community, etc.
- an intent to remain in your current position or an equivalent role within the National Service field (grantee or sub-grantee program) beyond the six-month training period (NOTE: your commitment to do so does not commit the Corporation for National and Community Service to providing program funding).
- a commitment to complete by the specified deadlines all pre-program work, including, for NSL, 360° *Leadership Competencies* forms to be completed by you and your supervisors, peers, and direct reports.
- an understanding that, once you are admitted, if you cancel within five weeks of the start of a class, including follow-up classes, you may forfeit the opportunity to attend a future class and may be responsible for a cancellation fee for the lodging vendor.
- a willingness to arrange for and cover your own travel costs to and from the training. Additionally Corporation employees are required to cover all travel and per-diem costs during the training through their department or office budget.

Signature _____ Date _____

*The above applicant has the support of our organization to participate in a National Service Leadership Institute program.*Signature _____ Date _____
(Supervisor, Board Member, Deputy Director, etc.)

For CNCS Staff:

Signature _____ Date _____
(Department Head)**Program Preference:**

National Service Leadership Program

Fundamentals of Service Leadership Program

Class Preference (month or class number per the NSLI Training Calendar)

First Choice: _____ Second Choice: _____

How did you hear about the National Service Leadership Institute's programs?

- | | | |
|---|--|---|
| <input type="checkbox"/> CNCS meeting/seminar | <input type="checkbox"/> CNCS mailing | <input type="checkbox"/> CNCS staff (ex: program officer) |
| <input type="checkbox"/> State office mailing | <input type="checkbox"/> State office staff | <input type="checkbox"/> State Commission mailing |
| <input type="checkbox"/> State Commission staff | <input type="checkbox"/> Program participant | <input type="checkbox"/> T/TA provider materials |
| <input type="checkbox"/> NSLI Web Page | <input type="checkbox"/> List Serve/E-mail | <input type="checkbox"/> NSLI Brochure |
| <input type="checkbox"/> Other (please indicate source) _____ | | |

Employer's Recommendation Form

If you are Corporation for National and Community Service staff, please complete questions 1-3, and send them and the Request for Training Form to Cathy Harrison, DEEP/OLDT Room 9612-A, Fax: 202-565-2787, at the Corporation at least 8 weeks prior to the training class.

1. Describe the applicant's leadership potential. What do you anticipate will be his/her capacity to help achieve the Corporation's goals and contribute to national service?

2. How will this training benefit the applicant in performing his/her duties?

Employer's Recommendation Form (continued)

3. Why would sending this applicant to this training be a good investment of Corporation funds?
